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ORIGINAL ARTICLES.

Burns and Their Treatment.

BY DR. HAAS.

Translation from Illustr. Zeitschr. F. Hauslich Gesundheits und Krankenpflege, No. 7, 1894.

Burns that do not result from chemical agents are produced by the intense radiation or direct conduction of heat. It matters not whether the object concerned is solid, fluid or even gaseous. The affected part of the body undergoes morbid changes, varying according to the degree of the temperature and the duration of the effect. There may be simple redness with or without superficial drying of the epidermis, formation of blisters, a deep destruction or even charring of the tissues, these being the dangerous burns of the third degree. While in severe burns pain is not usually experienced until some time has elapsed, it is felt acutely at once or within a short time after the accident in the slighter burns of the first and second degree. In consequence of the withdrawal of fluid from the skin or subcutaneous tissue, more or less serous bloody liquid collects in the blisters.

The treatment of these mild burns is comparatively simple, and is based upon antiseptic principles. It is often sufficient to keep off the air; a cure is ordinarily effected within a short time, and generally without the formation of scars. The deeper burns which are attended with destruction of tissues, soon become covered with a yellow or black eschar, and always leave behind cicatrices.

During recent times greater attention has been directed to the eschar, and attempts have been made to connect it with the fatal termination of many burns. As a matter of fact, we are inclined to attribute the lethal results of some burns to poisoning of the system (intoxication) through the medium of the eschar.

The symptoms which not infrequently attend severe burns, correspond in many respects to the appearance produced by the bacteria of putrefaction. The patient is apathetic, replying slowly to questions, and his breathing is difficult and sighing. Hiccough and vomiting with increasing restlessness are ominous symptoms. The restlessness becomes more and more marked, and the patient grows excited, talks wildly and cries out. He is still able to reply to questions, although with difficulty, but now somnolence supervenes, the muscles become relaxed, and a general paralysis closes the scene. In these cases, therefore, as in poisoning by alkaloids, the stage of excitation is followed by one of paralysis, the fatal termination. The symptoms resemble, to a great extent, those produced by a ptomaine similar to muscarin. These are basic substances which are found in albuminous bodies both of animal and vegetable character, when in a condition of decomposition through the action of putrefactive bacteria. The reason that the symptoms do not resemble completely, but only in great part, with those produced by muscarin, is attributable to the fact that we are not concerned here with the effect of muscarine alone, but of a mixture of poisons of this kind.

An exact demonstration of the presence of ptomaines was first afforded by the preparation of putrefactive poisons from the scabs of burned portions of the body. But long before this physicians were acquainted with the favorable influence of the belladonna preparations upon the course of the toxic

symptoms, and ordered them on empirical grounds without being able to trace the phenomena to their causes. Later rational investigation discovered in an alkaloid of belladonna, atropine, an antidote to muscarine, and this has served to explain the action of those preparations of which the one counteracts the poisonous effect of the other. This observation that atropine counteracts the poisonous effect of muscarine, or the putrefactive bacteria, has been practically utilized to an astonishingly small extent at the present day.

The formation of these ptomaines can be explained on the ground that through the action of the heat—and about 70° C. are sufficient—the tissues are destroyed, the living protoplasm being converted into the dead. Under the influence of the higher temperatures the blood vessels dilate, a portion of the solid constituents (blood corpuscles) is destroyed and circulates as a dead body in the tissues, producing injury by obstructing capillaries and small blood vessels. Finally, the affected parts are exposed to the changes produced by the agency of the putrefactive bacteria whose presence in the blood and tissues has been demonstrated. A contributing effect is exerted by the eschar which being connected with the adjacent and still unaffected parts, connot undergo contraction in consequence of the constant supply of fluid, and does not become detached. Under this dead, firm and non-sensitive mass permeated with effusions from the vessels, a series of processes of decomposition takes place. Putrefactive bacteria which have escaped destruction by heat or have gained access at a later period, begin their destructive work under the protection of the dead masses of eschar, and their propagation is aided by the abundant supply of fluid to the subjacent tissues. It is through these still quite intact tissues that the ptomaines enter the circulation and then produce the symptoms above described. These ptomaines are extremely poisonous, and even minute quantities—5 milligrams—will give rise to severe symptoms, stupor, decrease of temperature, slowing or even arrest of the heart action.

The treatment of such severe injuries must therefore be directed toward preventing the formation of ptomaines. For this purpose surgical measures are required, that is the detachment of the eschar.

Therapeutically we endeavor to prevent putrefaction of the scab by the use of antiseptic substances, and for this purpose iodoform has proved very useful, since it exerts a demonstrable effect upon the clinical changes of the putrefactive process. As iodoform, however, is poisonous to some extent, a certain degree of caution is necessary in its application, especially to large, readily absorbing wound surfaces. Furthermore, to obtain as rapid dessication of the scab as possible, a strong, local withdrawal of fluid is indicated, and good results have been secured from the application of hygroscopic dusting powders.

With regard to the production of the poison which causes death in cases of burns, the above statements refer only to burns attended with the formation of an extensive eschar; but they are applicable also to burns of the second degree where, although no destruction of tissue has occurred, necrosis of the skin frequently takes place beneath the blebs.

In all burns attended with pains the first indication is to protect the wound from the irritation of the air, which of itself alleviates suffering. Much weight has been justly attached to the relief of pains, for the reason that the increased painful nervous excitement is attended with a more marked reflex decrease of the cardiac tonus and cardiac paralysis, especially in children. It is to this fact alone that the severe symptoms following immediately the occurrence of burns can doubtless be attributed in many cases. The control of the excessive excitement of the nervous system demands great caution, especially in young persons, and a careful estimate of the existing conditions.

To exclude the air from the burned area we make use of dressings which will relieve pain and at the same time have an antiseptic action. Among these iodoform occupies the first place; but in cases of severe burns where the remedy must be employed for

many weeks, its application, especially to extensive wound surfaces, demands the most serious consideration on account of the risk of absorption. A good liniment is the time-honored mixture of lineseed oil and lime water with addition of thymol, which acts as an antiseptic. An ointment of bismuth and boric acid, bismuth paste and powder, may be employed with advantage. Among the other analgesic remedies for the treatment of burns aristol deserves especial mention. Subcutaneous injections of oily solutions of this remedy have deen found to exert a local analgesic effect like cocaine. If applied directly to wounds Aristol is equally efficient as an analgesic. The marked cicatrisant properties of this substance were especially noted by French clinicians and since then aristol has occupied a prominent place among remedies for the treatment of wounds. Its ability to produce rapid cicatrization, together with its ability to relieve pain, rendered it especially suitable as an application in burns, and it has already been employed here with much success. The results are, at least, fully equal to those obtained from the use of iodoform, and aristol has the advantage of being devoid of the offensive odor of the latter, and of being free from the risk of toxic effects which sometimes attend the iodoform treatment.

In cases of superficial burns after cleansing the affected surface with carbolized water or pure water, the contents of the blebs are evacuated, the parts again washed with a 3 per cent. solution of carbolic acid and dried with gauze. Aristol powder is then dusted on, or a 5 per cent. ointment of aristol (best prepared with lanolin) is spread on the material for covering the burned parts. Over the dressings is placed a layer of absorbent cotton, and the whole fastened with bandages. Under the protecting covering of aristol vigorous granulations are formed, and cicatrization proceeds rapidly. This treatment is applicable only to the slighter degrees of burns, while in the severe forms extreme care must be exercised in the treatment on account of the danger of toxic effects through the putrefactive poisons, as above stated. Not until the scab has been removed or detached are antiseptic solutions or ointments indicated.

At the present time, when the ptomaines are generally recognized as the cause of the symptoms produced by severe burns, it is possible to save a much higher percentage of these cases of injury than formerly. It is interesting to note that even here empiricism preceded theoretical investigations. The physicians of the past century employed belladonna preparations in severe burns and spoke of the healing properties of the latter upon the course of symptoms, while we know at the present day that the alkaloid of belladonna, atropine, arrests the deleterious influence of the putrifactive poisons which cause these symptoms.

Northwest Kansas Medical Association.

The Northwest Kansas Medical Association will meet in Dr. Page's office in Ellis, Kas., Tuesday, December 4, 1894, at 9 o'clock, A.M.

PROGRAM.

1. Hip-Joint Disease—Dr. L. J. Lyman.
   Discussion—Dr. W. J. McDonald.
2. Hemorrhoids—Dr. A. B. Jones.
   Discussion—Dr. W. S. Harvey.
3. Gunshot Wounds—Dr. J. O'Donnell.
   Discussion—Dr. J. C. McClintock.
4. Scarlatina—Dr. J. W. Norris.
   Discussion—Dr. F. O. Brainerd.
5. Abdominal Surgery—Dr. Chas. Hammond.
   Discussion—Dr. C. W. Winslow.
6. Malarial Fever—Dr. J. E. Vanderpool.
   Discussion—Dr. W. R. Griffin.
7. Albuminuria in Pregnancy—Dr. J. W. Tulles.
   Discussion—Dr. W. E. McVey.
8. Laceration of Perineum—Dr. S. E. Sheldon.
   Discussion—Dr. G. A. Wall.

J. N. PAGE, M.D.,
Secretary.

Kansas Medical Journal.

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W. E. McVEY, B.S., M.D., Managing Editor.

Collaborators:
J. E. MINNEY, A.M., M.D., Topeka, Kas.
S. G. STEWART, M.D., Topeka, Kas.
J. C. McCLINTOCK, A.M., M.D., Topeka, Kas.
M. B. WARD, A.M., M.D., Topeka, Kas.

Topeka, Kansas, Saturday, Nov. 17, 1894.

Fate of the Medical Law.

Editor Kansas Medical Journal.

DEAR DOCTOR—Kindly permit me to reply to the article headed "The Fate of the Medical Law." You say, "the question now arises, What has become of the committee?" Permit me to state that it has been at work since its organization; it is true without much noise, but nevertheless very effectively. I have been very much surprised at the tone of your article, and think you have been misinformed concerning the work of the committee. The article does them injustice, for there never was a more zealous, faithful, or hardworking set of men on any committee associated with medical legislation than the one appointed at the May meeting. You know that we all have the same interest in a good law, and must work in union to accomplish anything. The article further says, "thanks to the chairman of one committee, reports of the convention and a copy of the bill has been sent to every physician in the State." Permit me to state that there is but one committee whose chairman is Dr. Guibor, who, with the assistance of Drs. Wall and Dykes, have done their utmost to further the interests of our medical bill. We have a majority of the Senate, and by the last poll of the newly elected house we have 76 members in favor of a medical law. So there will be no trouble in passing a bill through both houses which the Governor will sign providing it is framed so that it will be constitutional. The Illinois law must be amended in such a way that there is no possible technicality left to declare the bill unconstitutional, which it would be if passed in its present state, as its provision does not comply with section 2, session laws of 1870, chapter 68; G. S. 1889, 2451. However, we can easily make the necessary changes so it will comply with section 2, laws of 1870, and have a bill which will have the desired effect. You further state that there are 99 out of every 100 physicians in the State who would be in favor of medical legislation. You are right on that score if you confine yourself to the graduates of the regular school, but at the same time there are 45 per cent. of practitioners in this State who will fight the bill vigorously, and you know they have considerable influence with a legislature. The class I speak of is hostile to any medical legislation whatever. We are not afraid of them, for we have the strength and will pass a bill that will withstand all attacks of such people, and remain a law as long as the State has any laws on the statute book. There is one more thing I want to mention, and it is concerning the financial part. Will you kindly urge the medical profession to send in their contributions; the secretary has so far expended about $50 for printing and mailing 2,500 circular letters and prospective bills; the receipts from all sources to date are not $30. You can readily see that it takes more than nice talk to pass a bill. It will require hard cash to

carry our bill through the Legislature and we must begin at once to collect a fund for all such purposes.

Hoping this will find room in your next number, I am, dear doctor, fraternally yours.

G. IVAN POHEK.

WAMEGO, KAS., Nov. 13, 1894.

We publish above a communication from Dr. G. Ivan Pohek in reply to an editorial which appeared under this head in the JOURNAL of October 27.

We regret very much having done the committee the slightest injustice. We have, however, received numerous communications in regard to the bill, and many inquiries as to the work being done. It is certainly gratifying to us and to every physician interested in the matter to know that the committee have been doing their duty, and success is assured.

The doctor is slightly in error in regard to their being but one committee. A committee of six, consisting of two from each school of medicine, was appointed to inform or notify every physician in the State of the action of the convention. This committee is composed of the following: Drs. H. A. Dykes, Ward, Hamilton, Westerfield, Eva Harding and Meninger. It was the chairman of this committee to whom we said was due the credit of sending out notices and copies of the bill.

A committee of nine was appointed who should act with the legislative committees of the three State societies in the management of legislation. The following are the members of that committee: Drs. Guibor, Stewart, Wall, Swallow, Meninger, Ryder, Long, Hatfield, and Martin.

We cannot agree with the statement that 45 per cent. of the practitioners in the State are opposed to the bill. The enthusiasm in support of the movement was not confined to the Regular school by any means. Our Homeopathic and Eclectic brothers were as active in planning the campaign and, we believe, are as much interested to-day in securing a law as are the Regulars. We still believe that there are but few physicians in the State opposed to the bill. If the opposition, as Dr. Pohek thinks, will reach 45 per cent., there is, we fear, a small prospect for success.

We are most happy to learn of the efforts of the committee and of the work they have accomplished, and most sincerely regret any injustice done them by our article.

Artificial Eyes.

When artificial eyes were first invented is not known, but it is supposed that they were used B.C. some 200 or 300 years. They were first made out of the various metals and painted to resemble the eye. The metal would soon corrode and the eyes were short lived. Various substances have been used, but glass proves to be the best and most lasting of them all. Glass eyes were first made in Paris. They are now made in England, Germany and America. The average length of time a glass eye should be worn is about two years. It is said that the actual cost of material used in a glass eye is fifty cents, but it requires many years of practice to be enabled to make them. An artificial eye can be worn on a shrunken globe, but the patient should be cautioned to remove it on the slightest indication of redness, soreness or pain. The best and safest plan is to remove the shrunken globe and then there is no danger to the good eye. We know two or three patients who have worn an artificial eye over a shrunken globe for eight or nine years without any inconvenience. There is better motion and the eye presents a better appearance, but there is always an element of danger in such cases.

OLIVE oil, salicylate of soda and glycerine are among the best cholagogues.

HIGH degrees of myopia, in selected cases, are best treated by removal of the lenses.

THE city physician, Dr. Hibben, is making arrangements to have the secretions and excretions of suspected diphtheritic cases examined chemically and microscopically. Out of 6,000 cases diagnosed diphtheria in New York city, by the test 2,500 of them proved not to be cases of diphtheria. This, we think, is a wise precaution on the part of the health board of the city, and should receive the support of both the physicians and the laity.

Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in regular session at A. O. U. W. hall, Monday, November 12, 8:15 P.M.

Present: Drs. Ida Barnes, Storrs, Wallace, Eastman, R. E. McVey, McCrea, Lindsay, Gilbert, Grubbs, Hibben, McClintock, Ward, McGuire, Wall, Beers, Pelton, Warner, Sheldon, Magee, W. E. McVey, Miner, Adams, Lewis, Powell, Cannon.

Dr. Magee presided.

Dr. S. G. Stewart reported a case of septic "Purpura Hæmorrhagica," in a child. (See next issue.

In the discussion which followed Dr. Sheldon said: The etiology of these cases is somewhat undetermined, and we see them so unfrequently we are at a loss to account for them. A number of years ago I had a case in a child some six or seven years old. The purpura was very extensive though there was no sloughing. There seemed to be a general hemorrhagic tendency without any great amount of fever. I am inclined to think it is a neurosis. The management of these cases comes within the treatment outlined, *i. e.*, ergot, iron and milk diet.

Lindsay: I had a case near this of Dr. Sheldon's. It was a case which had malarial fever, and following this scarlet fever. When I saw it there were hemorrhagic spots in the mouth and throat and later in the cornea, and there was ulceration there. I gave ergot, but the child died. It seems to me there is not much evidence of microbic trouble; it seems rather a neurotic trouble. It seems there should be pus there if it were of microbic origin.

Pelton: Have had some experience with a few cases. Had one case 9 years of age. Was supposed to have been poisoned by colored stockings. The spots were in successive eruptions. In a few days had hemorrhage from the bowels, some two or three pints of blood. Case recovered. Was treated by ergot and iron and emulsion of turpentine for hemorrhage of bowels. It seems to me it is caused by a variety of causes. It may be caused by drugs, or there may be a neurotic cause, or a cachexia, or a toxic element.

Gilbert: Granting that Dr. Stewart's case was a septic purpura hemorrhagica, Why don't we have suppuration? Because, perhaps, the microbe which causes this trouble may not produce pus.

Lewis: The cause of this disease is the interesting point to me. Where does the blood come from and by what process? The sloughing or separation is doubtless due to pressure, but there is something back of it. With a dyscrasia it might be caused by an hypertrophied heart.

Warner: Had a case in a malarial district which I thought was due to a depressed condition and malarial poison. Iron and diet resulted in cure. Had a case in a child 6 months old. It was not properly nourished and mother was menstruating regularly. Child was weaned, ergot and iron given, and recovery resulted.

R. E. McVey: I don't know much about it, but have had some cases. Usually succeeded in curing them with quinine. One case, where the father had syphilis, had profuse hemorrhage from mouth and nose. Cauterized the purpuric spots in the nose, but bleeding began in the tongue. The lingual artery was ligated, but the patient died.

Stewart: Purpura hemorrhagica is a symptom. There are various causes. The case reported we called septic because there was sloughing. Material from these cases has been injected into animals and hemorrhage

and sloughing resulted.

The name of Dr. Cockey was proposed for membership and referred to committee on membership.

The treasurer reported a balance in the treasury of $2.55.

The following officers were elected for the ensuing term:

R. S. Magee, president.

Agnes McKee Wallace, vice-president.

L. M. Powell, Secretary.

W. S. Lindsay, treasurer.

The society then adjourned to meet, at the request of the president-elect, in Hopkins' oyster parlors.

W. E. McVEY,
Secretary.

Effect of Exercise Upon Urinary Toxicity.

Modern Medicine.

Phillippe Tissie reports in the October number (1892) of the *Archives de Physiologie* the results of a minute study of Stephane during an effort by the latter to beat his own bicycle record of something more than four hundred miles in twenty-four hours. One of the most interesting made, was a study of the toxicity of the urine. It was found that ten cubic centimeters of urine produced during the last hours of the effort killed one kilogram of rabbit. The next day the toxicity had greatly diminished, twenty-two cubic centimeters being required to kill one kilogram of rabbit. The urinary coefficient of the urine obtained on the day of the exercise was found to be 2.35, and that of the urine produced on the following day was .893. There was no increase of either uric acid or urea on the day of the exercise, but the phosphates, the urea and the uric acid were doubled on the day following the effort. The amount of chlorides excreted on the day of the exercise was normal, or 13.5 grams; but the day following, the excretion of chlorides was considerably diminished, being only one-fourth of the normal, or 3.12 grams. The subject lost in weight 6.3 kilograms, or 13.8 pounds, during his exercise. He took, as nourishment, only milk during the exercise. The total amount of liquid swallowed during the 24 hours was 3.775 litres.

From several conclusions drawn by the author we quote the following:

"1. Milk is an excellent food for normal muscular work, but it is insufficient to sustain violent and prolonged muscular effort, in which case the hydro-carbons must be taken in as much greater quantity as the muscular work is prolonged. The proportion of five to one of the hydro-carbons in relation to the nitrogenous elements must not only be maintained in prolonged physical exercise, but must be increased according to the physiological state of the subject at the time. Thin subjects should secure an increase of flesh as a preparation for prolonged and violent muscular exercise.

"2. Subjects in whom the alimentation is insufficient, are, during violent exercise, in a state of acute auto-phagism. This condition begins a little time before the need of food appears. The body gives off the required force in waves. The auto-phagism may be prevented by the administration of food at the moment when force diminishes, even though the subject may be unconscious of the need of food.

"3. The excito-motors must be given with great care; they play the role of borrowers. Their action is diminished by repetition. Alcohol should be given only a few minutes before the effect of the muscular act, to momentarily sustain the subject in the last effort.

"4. Fatigue of the muscles of locomotion and that of the heart do not necessarily correspond. The muscles of animal life may be greatly overworked without overworking the heart. However, a reciprocal relation exists between these two—the heart and the muscles of animal life.

"5. All persons who subject themselves to prolonged and violent muscular exercise, place themselves in a state of auto-intoxication, which is revealed by the urine, and which may attain a very high coefficient, such as is found in grave infectious mala-

dies. This state of poisoning continues during twenty-four hours in persons in whom the renal hepatic and cutaneous functions are normal. The weight of perspiration lost during the exercise amounted to seventeen pounds."

Treatment of the Fever of Phthisis.

American Journal of the Medical Sciences.

Dr. Savigny distinguishes three forms in this disease: 1, The initial or continued; 2, the hectic or concomitant; 3, the septic. In the last form the purely symptomatic treatment is powerless. The administration of the new antipyretics is not favorable, for all of them diminish the energy of the heart, only influencing the fever as a symptom, if indeed they have any notable effect, and they are only used in rapid tuberculosis, and when humanity demands only that the patient shall be made more comfortable. Hochhalt, after much research, has come back again to arsenic, but with the exception of recent initial apical catarrhs it has no influence upon the course of the disease. Hectic fever is manifestly influenced by this remedy, but it has no action upon the initial fever and upon the rapid forms of phthisis. Fowler's solution is recommended, in commencing doses of one to two drops, and increasing, day by day, to five or six; rarely more, for ten drops is likely to produce symptoms of poisoning. Other beneficial effects besides the lowering of temperature are the suppression of night sweats and an increase of appetite and body weight. The continued fever offers considerable resistance to the treatment by arsenic, for this fever is a manifestation of caseation, and is an expression of the clinical form of *phthisis florida*. By building up the system one can best combat the tendency to caseation. In these cases the condition of the heart and circulation is important; Brehmer and Dettweiler recommend the prolonged application of ice-bags; others use alcohol. Kuhle and Liebermeister advise digitalis, which, however, should be used with caution; but more advantageously the ten per cent. tincture of coronilla, in ten to twenty-drop doses, can be employed. In cases of initial fever without grave lesion of tissue, in association with fifteen grains of quinine, Hochhalt has seen this fever transformed into the intermittent type, where arsenical treatment is useful. In apyretic phthisis creosote is used; if at the outset it is not well borne by the stomach, it can be administered in coca-butter suppositories—with steady increase of all doses; in commencing with large doses there is danger of exciting the fever. In general the antipyretic treatment consists less in reliance upon the antifebrile remedies, properly so called, which have only a slight and transitory effect, as in the use of remedies which act directly upon diseased pulmonary tissue, than upon arsenic, the cardiac tonics, and nutrition by every means which can stimulate it.

The Kansas Medical Practitioner.

American Medico-Surgical Bulletin.

Invested with the dignity of statehood and admitted to the Union in 1861, Kansas became the field upon which were waged many conflicts between the Free-Soil and the Pro-Slavery factions. For many reasons Horace Greely's characterization of the State as "Bleeding Kansas" was apt and acceptable in those troublous times. The sobriquet is as appropriate to-day as it was thirty years ago, though for a different reason. Of her own choice, and as a result of her own legislation, Kansas offers herself the willing prey of brigands, the ready tool of knaves, the complacent food of leeches. She extends her arms and presses to her bosom the quack, the charlatan, and the medical impostor — upon one condition: namely, that he can swear upon what he is pleased to term his sacred honor that he has already pursued his nefarious business for ten years.

The criminal code of Kansas, adopted in 1879, enacts as follows:

"That it shall be unlawful for any per-

son within the limits of the State of Kansas who has not attended two full courses of instruction and graduated in some respectable school of medicine, either of the United States or of some foreign country, or who cannot produce a certificate of qualification from some State or county medical society, and is not of good moral character, to practice medicine in any of its departments for reward or compensation, for any sick person within the State of Kansas:

"*Provided*, That in all cases, when any person has been continuously engaged in the practice of medicine for a period of ten (10) years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more, shall be allowed two years in which to comply with such provisions."

Does not this admit the Faith-curist; the druggist who prescribes "over the counter"; the itinerant fakir with his "magic" ointments and "electric" oils; the traveling mountebank in the side tent of the country circus, who excavates cerumen from the ears of his dupes; the medicine man of the Kickapoo tribe, let his name be Rain-in-the-face, or Paint-on-the-nose, or Vacuum-in-the-skull, or what you will, provided that he can secure affidavits from the braves to the effect that he has been rattling his bear-claws and beating his tom-tom for a decade?

Let the aspirant for official recognition as a qualified practitioner possess but a smattering of medical knowledge, let him even be absolutely ignorant—if he has carried on a successful deception for ten years, Kansas is satisfied. She considers him to have complied with all necessary requirements; she advances him to the same rank, treats him with the same respect, invests him with the same dignity, and as freely allows him to take precious lives into his keeping as she does the man who has spent years in college halls, in dissecting-room, in laboratory, in clinic and in hospital in preparation for the genuine practice of the noblest profession.

The enactment of such a law by the people of Kansas either is a virtual avowal of their disbelief in the science of medicine, or else is a virtual admission of their inability to discriminate between ignorance and scholarship. The result of this statute is apparent from the study of the list of Kansas physicians, as furnished by "Polk's Register." This publication found, in 1892, 2,555 physicians in the State. Of these 984 claimed no medical alma mater—the enormous proportion of 38.5 per cent. Of the 984 nearly a dozen had the grace to announce that they were legally authorized by the "years-of-practice" section of the act; from the rest no report was received in answer to the inquiry regarding graduation.

It is difficult to consider this Kansas legislation as aught but an indication of outrageous carelessness, culpable negligence, vespertilian blindness and crass stupidity on the one hand, or, on the other hand, brazen venality of the legislators of that State.

The Mixed Method of Treating Rheumatism.

The Cincinnati Lancet-Clinic.

Dr. Moritz (*Lo Sperimentale*, No. 29, 1894), in treating acute articular rheumatism, would employ the salicylate of soda, with warm baths and packs. Thus he avoids the employment of large doses of the drug, which is only too often intolerated. He commences by ordering a warm bath of 38° to 41° C., of about twenty minutes' duration. As soon as the patient comes out of the bath he is wrapped in a sheet; over this is thrown a flannel blanket and then two other blankets after being placed in bed. This done, from 1 to 1½ grammes (grs. xv-xxij) of the salicylate of soda are administered, followed by a warm drink. This will produce profuse sweating, which may be allowed to last for about half an hour. Then with a sponge dipped into water of ordinary temperature the joints are each sponged, one by one, rapidly; then the chest, the abdomen, and the back, wiping the patient quickly dry and covering him with dry clothes. In the evening a second and small dose of the salicylate is given. This treat-

ment, according to the severity of the case, may be followed up for eight days to three weeks. Where the fever is high and continuous a warm pack may be substituted for the bath. In case that the lower extremities are chiefly affected, then the pack may be but partial. Complications, as pericarditis, or endocarditis, do not contra-indicate this method. It is also advisable in other forms of acute rheumatism which do not involve the joints. In chronic forms of the disease it should not be continued for more than four to six weeks, on account of its debilitating influence.

Maternal Impressions.

Maryland Medical Journal.

Old theories are often "threshed over" with the hope of finding more substantial support than previous investigation has given. Dr. Hubert Work starts out in his article on maternal impressions in the *Medical News* with a strong prejudice in favor of this inexplicable phenomenon. He addressed a number of inquiries to men on this subject and the replies published point to a belief in this mental influence. His conclusions from this and his own cases are:

1. That both physical and mental defects follow maternal mental impressions with such frequency as to establish the relationship of cause and effect.

2. That these conditions are the result of changes in the blood, chemical, circulatory, or both, seems probable.

3. That the probability of defects in the fetus, from mental causes, is dependent upon the "mental habit or mental characteristics" (Norbury), or susceptibility of the mother.

4. That maternal anticipation of defect in the child has in itself no influence in the absence of a strong impression.

5. That the impression need not be lasting to cause defects.

6. That personal maternal injury is no more likely to mark the child than the sight of it in another.

7. That the defect is not necessarily similar in location or appearance to the object creating the impression, but is likely to be. The apparent constancy of likeness is due to the reporting of such cases only.

Copper as a Constituent of Extracts.

The American Therapist.

It will no doubt be a surprise to sticklers for pure drugs to learn that in a large percentage of extracts copper is to be found, and further, that some extracts cannot be produced free from copper. In an elaborate paper recently published (*Pharm Zeit.*, xxxix, 30), the author shows the exact weight of copper in milligrams discovered in the different extracts. For example, in the herb, cannabis indica, there are no less than twenty-four milligrams per kilo in the extract, while there is but eleven milligrams in extract of conium. Extract made from the leaves of belladonna contains twenty-nine milligrams per kilo, and that from the seed of nux vomica twenty-four milligrams, with sixteen in extract of secale cornutum. The subject is mentioned here for the reason that it may influence practitioners when prescribing these remedies, rather than because of the danger from the small percentage of copper contained. In addition, however, it must be borne in mind that these extracts have constantly presented the modicum of copper, and hence the physiological actions and the therapeutic properties are, to a limited extent, mingled with the physiological actions and therapeutic properties of copper and its salts. It will doubtless be an interesting item for those who insist upon the exclusive use of the alkaloids, and we shall await with interest the comments of the followers of Burggreave.

DR. BADGER, one of the pioneers in the Kansas profession, died at his home in Muscotah a few days ago.

Metritis and Prolapse of the Uterus.

The Medical Progress.

M. Bouilly remarks (*Le Progres Medical*) that when we analyze the phenomenon of pain in women in connection with trouble in the genital organs, it is often difficult to say which is the part affected, the uterus or the nervous system. Thus cervical glandular endometritis, hemorrhagic endometritis and for the most part mucous metritis without extension into the uterine parenchyma or to the adnexa, are of themselves indolent affections. On the contrary, pain is frequent in metritis of the neck following a tear. It is frequently observed when the metritis has involved the entire muscular substance of the uterus. The painful functional troubles are at their maximum when there is added a tear of the perineum, relaxation of the ligaments and falling of the uterus. It may be said the trouble following a tear of the neck, parenchymatous metritis, cervical or entire, complicated by a uterus which is too heavy, a weakness of the pelvic floor combining with a certain degree of prolapse, determines complete symptoms.

Patients complain of pain in the lumbar and sacral regions and in the thighs. Standing or walking for any length of time is impossible. Rest in the horizontal position is comfortable. Dyspeptic troubles with flatulence and constipation are the rule. Finally, after a certain time, various and bizarre nervous phenomena, designated as neurasthenia, appear. With the physical signs, they go to prove the presence of a tear of the perineo-vaginal floor, prolapse of and parenchymatous inflammation of the uterus—in whole or at the neck. The adnexa are healthy.

A complete therapy should be directed against this complex state. Each morbid element should be carefully isolated. First, the uterine cavity should be curetted; then treatment should be continued by amputation and restoration of the neck; then re-establishment of the pelvic state by perineorraphy follows.

The Dietetic Treatment of Phthisis.

University Medical Magazine.

Loomis (*Practitioner*) makes the following suggestions regarding the dietetic treatment of phthisis:

1. Never take cough mixtures if they can possibly be avoided.

2. Food should be taken at least six times in the 24 hours; light repasts between the meals and on retiring.

3. Never eat when suffering from bodily or mental fatigue or nervous excitement.

4. Take a nap or at least lie down for twenty minutes before the mid-day and evening meals.

5. The starches and sugars should be avoided, as also all indigestible articles of diet.

6. As far as possible each meal should consist of articles requiring about the same time to digest.

7. Only eat so much as can be easily and fully digested in the time allowed.

8. As long as possible systematic exercise should be taken to favor assimilation and excretion. When this is impossible, massage or passive exercise should be undergone.

9. The food must be nicely prepared and daintily served—made inviting in every way.

The following diet sheet is suggested for the early stage:

On awakening, eight ounces of equal parts of milk and seltzer, taken slowly through half an hour.

Breakfast—Oatmeal and cracked wheat with a little sugar and abundance of cream, rare steak or loin chop with fat, soft-boiled or poached egg, cream toast, half pint of milk, and a small cup of coffee.

Early lunch—Half pint of milk or small teacup of squeezed beef juice with stale bread.

Midday meal—Fish, boiled or stewed chicken, scraped meat-ball, stale bread and plenty of butter, baked apples and cream, and two glasses of milk.

Afternoon lunch—Bottle of Koumyss, raw scraped beef sandwich, or goblet of milk.

Dinner—Substantial meat or fish soup, rare roast beef or mutton, game, slice of stale bread, spinnach, cauliflower, fresh vegetables in season (sparingly).

Koch's Inoculations for Diphtheria.

Chicago Medical Times.

In the investigation of diphtheria and its causes very important facts have been determined. The discovery in 1882 by Klebs, confirmed in 1884 by Loefler, of the bacillus of diphtheria was the first step. The next important discovery was that the malignancy of the disease does not depend so much upon the presence of the bacilli as upon a product which they secrete—a toxine most deadly in its character if absorbed. The third and most important of the whole is, that made during the present year by Koch. He found that if the toxine secreted by the diphtheritic bacilli be injected into large animals, they would gradually become tolerant of its effects, that an immunity from the poison of diphtheria was thus produced.

Physicians observing the effects of diphtheria have noticed that in only a few cases is a patient who has once suffered from it susceptible to subsequent attacks. This is thought to be due to the fact that the blood is charged with a substance which has the power of neutralizing the poison, even in considerable quantities.

The health department of Berlin has been experimenting, and out of 250 cases treated, every case where the inoculation took place on the day the specific exudate was discovered, has recovered. In those cases where the inoculations were made on the second or third day, from 87 to 97 per cent. have recovered.

The inoculations are made from the injection of blood drawn from an immunized animal. It requires a long time and great care to render the animal immune, consequently the obtaining of the material for the injection is a most expensive one, especially as only a small quantity of blood can be taken from each animal.

The method, if it ever becomes popular, will necessarily be under the control of public health authorities.

A Pronounced Opinion from the Veteran Editor of the Memphis Medical Monthly.

October 22, 1894.

Gentlemen—Your kind favor of 20th inst. received this evening, after my return from Ship Island, Miss.

The "Antikamnia and Codeine Tablets," which reached me also, were exactly what I wanted. Having been exposed to the Gulf breeze all day, I returned suffering intensely with gastralgia and pleurodynia. One of the tablets gave me relief, and I have since had my supper and feel quite comfortable.

In the fact that your preparation, antikamnia, has no depressing effect upon the cardiac force, you have much for congratulation, and the field for its usefulness may be viewed like the horizon—the nearer you approach it the wider its recognized extent.

Yours cordially. F. L. SIM, M.D.

To The Antikamnia Chemical Co.

WOMEN are now allowed to practice medicine in Turkey. The male physician is not allowed to enter the harem of the Musselman, and this imperial edict will meet "a long felt want." The women will not be long in improving this opportunity. The world "do move," despite the tears shed by some of our able male physicians over the "woman doctor."

DR. L. REYNOLDS, of Horton, Kas., lectured at the Kansas Medical College on last Wednesday.

DR. KENDALL, of Meriden, was in the city yesterday.